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PTO/SB/05 (11-00)

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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 015114053600

First Inventor

Draper, Andrew M.

Title

JTAG MIRRORING CIRCUITRY AND METHODS

Express Mail Label No.

EL 474 298 106 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning design patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☐ Applicant claims small entity status.  
See 37 CFR 1.27.
3. ☒ Specification [Total Pages 26]  
(preferred arrangement set forth below)
  - Descriptive title of the invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to sequence listing, a table, or a computer program listing appendix
  - Background of the invention
  - Brief Summary of the invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C.113) [Total Sheets 10]
5. Oath or Declaration [Total Pages 2]
  - a. ☐ Newly executed (original or copy)
  - b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
(for a continuation/divisional with Box 18 completed)
  - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☒ Application Data Sheet. See 37 CFR 1.76

## ADDRESS TO

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - a. ☐ Computer Readable Form (CRF)
  - b. Specification Sequence Listing on:
    - i. ☐ CD-ROM or CD-R (2 copies); or
    - ii. ☐ paper number of pages
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATIONS PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 C.F.R. §3.73(b) Statement of Power of Attorney (when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☒ Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: \_\_\_\_ /

Prior application information: Examiner \_\_\_\_

Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 19. CORRESPONDENCE ADDRESS

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Steven Cahill

Registration No. (Attorney/Agent)

44,578

Signature

*Steven Cahill*

Date

June 12, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231. PA 3150907 v1

|  |  |   |  |
|--|--|---|--|
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p> |  | <b>Complete if Known</b>                  |  |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 952  |  | Application Number<br>Unassigned          | Filing Date<br>Herewith                |
|  |  | First Named Inventor<br>Draper, Andrew M. | Examiner Name<br>Unassigned            |
|  |  | Group Art Unit<br>Unassigned              | Attorney Docket No.<br>015114-053600US |

| <b>METHOD OF PAYMENT</b>   |                 |                |                 |  | <b>FEE CALCULATION (continued)</b>   |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
|--|-----------------|----------------|-----------------|--|--|-----------------|----------------|-----------------|-----------------|----------------|-----------------|----------------|-----------------|-----------------|--------------------|-----|-----|-----|-----|-------------------------------------|-------------------|-----|-----|-----|-----|---|------------------|-----|-----|-----|-----|---------------------------|--------------------|-----|-------|-----|-------|--|------------------------|-----|---------------------|-----|------|--|--|---------|---|-----|--------|---|--|--------------|-----|-------|----|--|---|----------------|------|-----|----------|---|--------------------|-----|------|-----|-----|--|----------------|------|-------|----------|------|---|--|-----|-------|-----|-----|--|--|-----|----------|-----|----------------|------------------|----------------|-----------------|-----------------|----------|-----|--|-----|-----|------------------------|-----|-----|--------------------------|-----|-----|-----------------------------------|-----|-------|---|-----|-----|---------------------------------------|-----|-----|----------------------------------|-----|-----|--|-----|-----|------------------------------------|-----|-----|--|-----|---------------------|--------------------------------|--|-----|-----|---------|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br>Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">20-1430</span><br><br>Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">Townsend and Townsend and Crew LLP</span><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                 |                |                 |  | <b>3. ADDITIONAL FEES</b>  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 2. <input type="checkbox"/> <b>Payment Enclosed:</b><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                 |                |                 |  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> </tbody> </table> |                 |                |                 |                 | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid           | 105 | 130 | 205 | 65  | Surcharge - late filing fee or oath |                   | 127 | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |                  | 139 | 130 | 139 | 130 | Non-English specification |                    | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination |                        | 112 | 920*                | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113     | 1,840*  | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115          | 110 | 215   | 55 | Extension for reply within first month |   | 116            | 390  | 216 | 195      | Extension for reply within second month |                    | 117 | 890  | 217 | 445 | Extension for reply within third month |                | 118  | 1,390 | 218      | 695  | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310      | 219 | 155            | Notice of Appeal |                | 120             | 310             | 220      | 155 | Filing a brief in support of an appeal |     | 121 | 270                    | 221 | 135 | Request for oral hearing |     | 138 | 1,510                             | 138 | 1,510 | Petition to institute a public use proceeding |     | 140 | 110                                   | 240 | 55  | Petition to revive - unavoidable |     | 141 | 1,240  | 241 | 620 | Petition to revive - unintentional |     | 142 | 1,240  | 242 | 620                 | Utility issue fee (or reissue) |  | 143 | 440 | 243     | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid   |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 105  | 130             | 205            | 65              | Surcharge - late filing fee or oath  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 127  | 50              | 227            | 25              | Surcharge - late provisional filing fee or cover sheet.                    |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 139  | 130             | 139            | 130             | Non-English specification  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 147  | 2,520           | 147            | 2,520           | For filing a request for reexamination                                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 112  | 920*            | 112            | 920*            | Requesting publication of SIR prior to Examiner action                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 113  | 1,840*          | 113            | 1,840*          | Requesting publication of SIR after Examiner action                        |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 115  | 110             | 215            | 55              | Extension for reply within first month                                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 116  | 390             | 216            | 195             | Extension for reply within second month                                    |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 117  | 890             | 217            | 445             | Extension for reply within third month                                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 118  | 1,390           | 218            | 695             | Extension for reply within fourth month                                    |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 128  | 1,890           | 228            | 945             | Extension for reply within fifth month                                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 119  | 310             | 219            | 155             | Notice of Appeal   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 120  | 310             | 220            | 155             | Filing a brief in support of an appeal                                     |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 121  | 270             | 221            | 135             | Request for oral hearing   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 138  | 1,510           | 138            | 1,510           | Petition to institute a public use proceeding                              |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 140  | 110             | 240            | 55              | Petition to revive - unavoidable   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 141  | 1,240           | 241            | 620             | Petition to revive - unintentional   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 142  | 1,240           | 242            | 620             | Utility issue fee (or reissue)   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 143  | 440             | 243            | 220             | Design issue fee   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 144  | 600             | 244            | 300             | Plant issue fee  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 122  | 130             | 122            | 130             | Petitions to the Commissioner  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 123  | 50              | 123            | 50              | Petitions related to provisional applications                              |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 126  | 180             | 126            | 180             | Submission of Information Disclosure Stmt                                  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 581  | 40              | 581            | 40              | Recording each patent assignment per property (times number of properties) |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 146  | 710             | 246            | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 149  | 710             | 249            | 355             | For each additional invention to be examined (37 CFR § 1.129(b))           |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 179  | 710             | 279            | 355             | Request for Continued Examination (RCE)                                    |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 169  | 900             | 169            | 900             | Request for expedited examination of a design application                  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Other fee (specify)  |                 |                |                 |  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| <b>1. BASIC FILING FEE</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td>710</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (1)</b></td><td>(\$710)</td></tr> </tbody> </table> |                 |                |                 |  | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid       | 101             | 710            | 201             | 355             | Utility filing fee | 710 | 106 | 320 | 206 | 160                                 | Design filing fee |     | 107 | 490 | 207 | 245   | Plant filing fee |     | 108 | 710 | 208 | 355                       | Reissue filing fee |     | 114   | 150 | 214   | 75                                     | Provisional filing fee |     | <b>SUBTOTAL (1)</b> |     |      |  |  | (\$710) | <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>29</td> <td>-20**</td> <td>=</td> <td>9</td> <td>X</td> <td>Fee from below</td> <td>\$18</td> <td>=</td> <td>Fee Paid</td> <td>\$162</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>-3**</td> <td>=</td> <td>1</td> <td>X</td> <td>Fee from below</td> <td>\$80</td> <td>=</td> <td>Fee Paid</td> <td>\$80</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td>X</td> <td>Fee from below</td> <td></td> <td>=</td> <td>Fee Paid</td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;"><b>SUBTOTAL (2)</b></td><td>(\$242)</td></tr> </tbody> </table> |     |        |   |  | Total Claims | 29  | -20** | =  | 9                                      | X | Fee from below | \$18 | =   | Fee Paid | \$162                                   | Independent Claims | 4   | -3** | =   | 1   | X                                      | Fee from below | \$80 | =     | Fee Paid | \$80 | Multiple Dependent                      |  |     |       |     | X   | Fee from below                         |  | =   | Fee Paid |     | Large Fee Code | Entity Fee (\$)  | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18                                     | 203 | 9   | Claims in excess of 20 |     | 102 | 80                       | 202 | 40  | Independent claims in excess of 3 |     | 104   | 270   | 204 | 135 | Multiple dependent claim, if not paid |     | 109 | 80                               | 209 | 40  | ** Reissue independent claims over original patent |     | 110 | 18                                 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     | <b>SUBTOTAL (2)</b> |                                |  |     |     | (\$242) |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid   |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 101  | 710             | 201            | 355             | Utility filing fee   | 710  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 106  | 320             | 206            | 160             | Design filing fee  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 107  | 490             | 207            | 245             | Plant filing fee   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 108  | 710             | 208            | 355             | Reissue filing fee   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 114  | 150             | 214            | 75              | Provisional filing fee   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| <b>SUBTOTAL (1)</b>  |                 |                |                 |  | (\$710)  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Total Claims   | 29              | -20**          | =               | 9  | X  | Fee from below  | \$18           | =               | Fee Paid        | \$162          |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Independent Claims   | 4               | -3**           | =               | 1  | X  | Fee from below  | \$80           | =               | Fee Paid        | \$80           |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Multiple Dependent   |                 |                |                 |  | X  | Fee from below  |                | =               | Fee Paid        |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid   |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 103  | 18              | 203            | 9               | Claims in excess of 20   |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 102  | 80              | 202            | 40              | Independent claims in excess of 3  |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 104  | 270             | 204            | 135             | Multiple dependent claim, if not paid                                      |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 109  | 80              | 209            | 40              | ** Reissue independent claims over original patent                         |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| 110  | 18              | 210            | 9               | ** Reissue claims in excess of 20 and over original patent                 |  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| <b>SUBTOTAL (2)</b>  |                 |                |                 |  | (\$242)  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above   |                 |                |                 |  | *Reduced by Basic Filing Fee Paid<br><b>SUBTOTAL (3)</b> (\$)  |                 |                |                 |                 |                |                 |                |                 |                 |                    |     |     |     |     |                                     |                   |     |     |     |     |   |                  |     |     |     |     |                           |                    |     |       |     |       |  |                        |     |                     |     |      |  |  |         |   |     |        |   |  |              |     |       |    |  |   |                |      |     |          |   |                    |     |      |     |     |  |                |      |       |          |      |   |  |     |       |     |     |  |  |     |          |     |                |                  |                |                 |                 |          |     |  |     |     |                        |     |     |                          |     |     |                                   |     |       |   |     |     |                                       |     |     |                                  |     |     |  |     |     |                                    |     |     |  |     |                     |                                |  |     |     |         |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |

|                     |               |                                   |        |                                 |               |
|---------------------|---------------|-----------------------------------|--------|---------------------------------|---------------|
| <b>SUBMITTED BY</b> |               |                                   |        | <b>Complete (if applicable)</b> |               |
| Name (Print/Type)   | Steven Cahill | Registration No. (Attorney/Agent) | 44,578 | Telephone                       | 650-326-2400  |
| Signature           |               |                                   |        | Date                            | June 12, 2001 |

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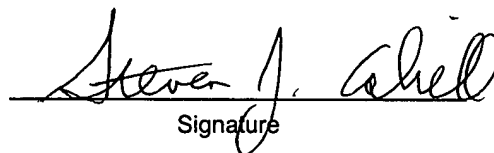
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| <b>NONPUBLICATION REQUEST<br/>CERTIFICATION<br/>UNDER<br/>35 U.S.C. 122(b)(2)(B)(i)</b> | First Named Inventor | Andrew M. Draper                     |
|   | Title                | JTAG MIRRORING CIRCUITRY AND METHODS |
|   | Atty Docket Number   | 15114053600                          |

I hereby certify that the invention disclosed in the attached application **has not and will not be** the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing.

I hereby request that the attached application not be published under 35 U.S.C. 122(b).

June 12, 2001

Date



Signature

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Steven J. Cahill

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This request must be signed in compliance with 37 CFR 1.33(b) and submitted with the application **upon filing**.

Applicant may rescind this nonpublication request at any time. If applicant rescinds a request that an application not be published under 35 U.S.C. 122(b), the application will be scheduled for publication at eighteen months from the earliest claimed filing date for which a benefit is claimed.

If applicant subsequently files an application directed to the invention disclosed in the attached application in another country, or under a multilateral international agreement, that requires publication of applications eighteen months after filing, the applicant **must** notify the United States Patent and Trademark Office of such filing within forty-five (45) days after the date of the filing of such foreign or international application. **Failure to do so will result in abandonment of this application (35 U.S.C. 122(b)(2)(B)(iii)).**

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